

# Declaration For U.S. Patent Application

(PTO/SB/01)

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**OPTICAL SIGHT**

the specification of which (Check one of blocks 1, 2 or 3)

1.  is attached hereto.
2.  was filed on \_\_\_\_\_ as International PCT Application Serial No. \_\_\_\_\_  
and was amended on \_\_\_\_\_ (if applicable).
3.  was filed on \_\_\_\_\_ as U.S. Application Serial No. \_\_\_\_\_  
and was amended on \_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claim(s), as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed:

**List of Prior Foreign Applications (if applicable)**

<u>9916676.1</u> (Application Number)	<u>ENGLAND</u> (Country)	<u>15 JULY 1999</u> (Day/Month/Year Filed)	<u>CERTIFIED COPY ATTACHED?</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
_____ (Application Number)	_____ (Country)	_____ (Day/Month/Year Filed)	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____ (Application Number)	_____ (Country)	_____ (Day/Month/Year Filed)	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____ (Application Number)	_____ (Country)	_____ (Day/Month/Year Filed)	<input type="checkbox"/> Yes <input type="checkbox"/> No

[ ] Additional foreign application numbers are listed on the attached sheet, PTO/SB/02B - Supplemental Priority Data Sheet or similar sheet.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below:

**List of U.S. Provisional Applications (if applicable)**

_____ (Application Number)	_____ (Day/Month/Year Filed)
_____ (Application Number)	_____ (Day/Month/Year Filed)

[ ] Additional provisional application numbers are listed on the attached sheet, PTO/SB/02B - Supplemental Priority Data Sheet or similar sheet.

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

**List of U.S. Parent Application Or PCT Parent Numbers (if applicable)**

_____ (Number)	_____ (Day/Month/Year Filed)	_____ (Status: Abandoned; Pending; Patent Number, if applicable)
_____ (Number)	_____ (Day/Month/Year Filed)	_____ (Status: Abandoned; Pending; Patent Number, if applicable)
_____ (Number)	_____ (Day/Month/Year Filed)	_____ (Status: Abandoned; Pending; Patent Number, if applicable)

[ ] Additional U.S. or PCT international application numbers are listed on the attached sheet, PTO/SB/02B - Supplemental Priority Data Sheet or similar sheet.

And I hereby appoint as principal attorneys and agents, James O. Ray, Jr., Reg. No. 27,666; Forest C. Sexton, Reg. No. 22,054; Edmond S. Miksch, Reg. No. 38,558; James R. Stevenson, Reg. No. 38,755; John B. Sotak, Reg. No. 20,529; Gary J. Falce, Reg. No. 29,304; Elroy Strickland Reg. No. 22,546; Amos Bartoli, Reg. No. 42,299; Michele K. Yoder, Reg. No. 41,562 and Robert A. Shack, Reg. No. 29,976.

Please direct all correspondence to the following address:

JAMES RAY & ASSOCIATES  
2640 PITCAIRN ROAD  
MONROEVILLE, PA 15146

TELEPHONE: 412-380-0725  
FACSIMILE: 412-380-0748

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 of Title and that such willful false statements may jeopardize the validity of the application or any patent issue thereon.

Full Name of Sole or First Inventor: VALERIE ANNE SCOTT VALERIE ANNE SCOTT

Inventor's signature: Valerie A. Scott Date: 21/2/00

Residence: 50 MAIDS CAUSEWAY, CAMBRIDGE CB5 8DP, GREAT BRITAIN 319 NEWMARKET ROAD  
(Street, City, State, Zip Code, Country) CAMBRIDGE, CB5 8JE  
GREAT BRITAIN.

Citizenship: BRITISH 319 NEWMARKET ROAD

Post Office Address: 50 MAIDS CAUSEWAY, CAMBRIDGE CB5 8DP, GREAT BRITAIN CAMBRIDGE, CB5 8JE  
GREAT BRITAIN

Full Name of Second Inventor: ALAN EDWARD GREEN

Inventor's signature: A.E. Green Date: 21/2/00

Residence: 33 DAVID BULL WAY MILTON, CAMBRIDGE CB4 6DP, GREAT BRITIAN (Street, City, State, Zip Code, Country)

Citizenship: BRITISH

Post Office Address 33 DAVID BULL WAY MILTON, CAMBRIDGE CB4 6DP, GREAT BRITIAN

Full Name of Third Inventor: EUAN MORRISON

Inventor's signature: Euan Morrison Date: 21/2/00

Residence: 33 ST PHILIPS ROAD, CAMBRIDGE CB1 3AQ GREAT BRITIAN (Street, City, State, Zip Code, Country)

Citizenship BRITISH

Post Office Address 33 ST PHILIPS ROAD, CAMBRIDGE CB1 3AQ GREAT BRITIAN

Full name of Fourth Inventor: \_\_\_\_\_

Inventor's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Residence: \_\_\_\_\_  
(Street, City, State, Zip Code, Country)

Citizenship \_\_\_\_\_

Post Office Address \_\_\_\_\_

[ ] Additional inventors are listed on the attached sheet, PTO/SB/02A - Supplemental Additional Inventor(s) Sheet or similar sheet.